

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528745

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5	1					
6	1					
7		6				
8		6				
9		6				
10		6				
11	1					
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20	1					
21		1				
22		2				
23		1				
24		1				
25	1					
26	1					
27		1				
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	11	←		←
TOTAL CLAIMS			13			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						